

Polk

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2008 FEB 22 AM 9:58
pm

COMMITTEE NAME (Must be same as on Statement of Organization)

Joe Henry for City Council

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Joe Henry

Political Party (if applicable)

Office Council

City Council

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

13691

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 1-19-08 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

1/9/07

County & Local Committees, enter County in

which Election is held

Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

- 0.96

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

1078.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

1077.04

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1064.08

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$

12.96

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

1000.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Joe Henry for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF R FUNI RAISE INCOI
2/14/07	ID# CK#	Ron Woods 1204 SE Huntford Suite #27 DSM, IA 50315		\$50 ⁰⁰	<input type="checkbox"/>
2/14/07	ID# CK#	Jon Shelness 701 Lian St Apt 5D Slater, IA 50244		25 ⁰⁰	<input type="checkbox"/>
2/14/07	ID# CK#	Chuck Gilford 1402 SW Lewis DSM, IA 50315		50 ⁰⁰	<input type="checkbox"/>
2/14/07	ID# CK#	Isabella and Connie Martorello 3620 SW 9th St DSM, IA 50315		25 ⁰⁰	<input type="checkbox"/>
2/14/07	ID# CK#	John Tapscott 7364 Jesup St. Indianola, IA 50125		50 ⁰⁰	<input type="checkbox"/>
2/14/07	ID# CK#	Margo & Sandra McNabb 1232 Wisconsin Ave. Ames, IA 50014		50 ⁰⁰	<input type="checkbox"/>
2/16/07	ID# CK#	Joe Henry 2463 E Highview Dr. DSM, IA 50320		250 ⁰⁰	<input type="checkbox"/>
2/18/07	ID# CK#	Andrea Rivera Harrison 3660 Park Ave DSM, IA 50321		100 ⁰⁰	<input type="checkbox"/>
2/21/07	ID# CK#	Chester Guinn 1041 8th St. DSM, IA 50314		25 ⁰⁰	<input type="checkbox"/>
2/21/07	ID# CK#	Clyde Fry 604 Rose DSM, IA 50315		30 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$655 ⁰⁰	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Joe Henry for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUNDS RAISE INCOME
2/24/07	ID# CK#	Marilyn Spina 2545 E. Ovid Ave DSM, IA 50311		\$ 25 ⁰⁰	<input type="checkbox"/>
2/28/07	ID# CK#	Mary Scavo 2203 Indianola Ave DSM, IA 50315		50 ⁰⁰	<input type="checkbox"/>
3/6/07	ID# CK#	Nina Gallardo 2340 Stanton DSM, IA 50321		50 ⁰⁰	<input type="checkbox"/>
3/16/07	ID# CK#	Joe Walsh 929 30 th DSM, IA 50312		100 ⁰⁰	<input type="checkbox"/>
4/4/07	ID# CK#	Joe Henry 2463 E Highview DSM, IA 50320		150 ⁰⁰	<input type="checkbox"/>
10/16/07	ID# CK#	Joe Henry 2463 E. Highview DSM, IA 50320		40 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
1/04/07	ID# CK#	IA State Bank 4410 SW 9 th DSM, IA 50315		8 ⁰⁰	<input type="checkbox"/>
	ID# CK#	(Checking Acct Credit)			<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 423⁰⁰

TOTAL (If last page of this schedule)

\$ 108⁰⁰

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Joe Henry for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/31/07	ID# CK#	IA State Bank 6410 SW 9 th DSM, IA 50315	Checking Acct Fee	\$ 2 ¹²
2/16/07	ID# CK#	Carter Printing 1739 E. Grand DSM, IA 50316	Campaign Postcards	250 ⁰⁰
2/28/07	ID# CK#	IA State Bank 6410 SW 9 th DSM, IA 50315	Checking Acct Fee	2 ¹²
3/1/07	ID# CK#	Carter Printing 1739 E Grand DSM, IA 50316	Campaign Postcards	300 ⁰⁰
3/13/07	ID# CK#	Carter Printing 1739 E Grand DSM, IA 50316	Campaign Postcards	200 ⁰⁰
3/30/07	ID# CK#	IA State Bank 6410 SW 9 th DSM, IA 50315	Checking Acct Fee	2 ¹²
4/4/07	ID# CK#	Carter Printing 1739 E Grand DSM, IA 50316	Campaign Postcards	250 ⁰⁰
4/30/07	ID# CK#	IA State Bank 6410 SW 9 th DSM, IA 50315	Checking Acct Fee	2 ¹²
SUB-TOTAL				\$ 1608.48
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Joe Henry for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/3/07	ID# CK#	IA State Bank 6410 SW 9 th Dsm, IA 50315	Checking Acct Fee	\$ 2 ¹²
6/29/07	ID# CK#	IA State Bank 6410 SW 9 th Dsm, IA 50315	Checking Acct Fee	2 ¹²
7/31/07	ID# CK#	IA State Bank 6410 SW 9 th Dsm, IA 50315	Checking Acct Fee	2 ¹²
8/31/07	ID# CK#	IA State Bank 6410 SW 9 th Dsm, IA 50315	Checking Acct Fee	2 ¹²
9/28/07	ID# CK#	IA State Bank 6410 SW 9 th Dsm, IA 50315	Checking Acct Fee	2 ¹²
10/1/07	ID# CK#	Deb Henry 1900 M L King DSM, IA 50314	Campaign Work	45 ⁰⁶
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 55.160
TOTAL (if last page of this schedule)				\$ 1064.08

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Joe Henry for City Council

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
1/30/07	Joe Henry 2463 E. Highview Dr DSM, IA 50320	Self	Postcards	\$ 250 ⁰⁰	<input type="checkbox"/>
5/11/07	Joe Henry 2463 E. Highview Dr DSM, IA 50320	Self	Postcards	250 ⁰⁰	<input type="checkbox"/>
6/18/07	Joe Henry 2463 E. Highview Dr DSM, IA 50320	Self	Postcards	250 ⁰⁰	<input type="checkbox"/>
8/10/07	Joe Henry 2463 E. Highview Dr DSM, IA 50320	Self	Postcards	250 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

1000⁰⁰TOTAL (if last
page of this
schedule)

\$

1000⁰⁰

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)